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## **Address Change Form**

## Out-of-State Attorney Registered In-House Counsel Program Out-of-State Registered Legal Services Attorney Program

Registration	n Number:			
Registrant l	Name:			
Firm Name	:			
Address:				
City:		State:	Zip:	
Daytime Phone:		Fax:		
*Public e-m	nail:			
* Public e-mail addresses are posted on the State Bar website. You may leave this blank if you do not want an e-mail address to be displayed. Please see the State Bar website: calbar.ca.gov/members if you wish to provide a private e-mail address to be used only for State Bar communications.				
	Address change requests must be accompanied by a photocopy of one piece of identification. Accepted examples: driver's license, bar card, passport, California ID card, military ID card.			
Identity doc	cument attached:			
Signature:		Effective Date:		
* As a registered In-House Counsel and/or registered Legal Services Attorney, your address of record is public information subject to disclosure upon request and also posted on the State Bar's website.				
You must notify the State Bar of California within 30 days if there are any changes to your address or employment during the period of time you are serving as a Registered In-House Counsel and/or Registered Legal Services Attorney.				
FAX TO:	(213) 765-1544			
	The State Bar of California Office of Admissions MJP Program 1149 South Hill Street Los Angeles, CA 90015-2299		FOR OFFICIAL USE ONLY  DL: Bar card: Passport: ID card: Other:	